

1.) CORPORATION NAME:

RAYMOND, JAMES & ASSOCIATES, INC.

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0383614**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000
PREFER	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 880 Carillon Parkway

CITY/ST/ZIP: St. Petersburg, FL 33716

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: RICHARD B. FRANZ, II TITLE: TREASURER ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS R. TREMAINE TITLE: EVP ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DENNIS W. ZANK TITLE: CEO ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANITA M. KAILING TITLE: ASST SECRETARY ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAUL L. MATECKI TITLE: SECRETARY ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS A. JAMES TITLE: CHAIRMAN ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	JEFFREY P. JULIEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	880 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33716		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAUL L. MATECKI	PAUL L. MATECKI, SECRETARY	4/8/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.